

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528044

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4		1					
5	1						
6	1						
7		1					
8		1					
9		1					
10	1						
11		1					
12	1						
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42	1						
43	1						
44	1						
45	1						
46	1						
47	1						
48	1						
49		1					
50		1					
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53					1		
54							
55					0		
56							
57							
58							
59							
60							
61			1				
62							
63							
64							
65							
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95							
96							
97							
98							
99							
100							
TOTAL IND.				↓			↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							